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SECURITY INFORMATION

TAB A

DISEASE IN THE KOREAN AREA

1. Available intelligence does not indicate the present incidence of typhus, cholera, smallpox, typhoid and other diseases in North Korea. / Because of the poor diagnostic competence of the Chinese Communist and North Korean medical services, it is doubtful whether factual information on the incidence of each disease will ever be available. ~~xxxx~~

[REDACTED]

[REDACTED]

Consequently, true current

incidence of any given disease in the North Korean (and China/ Manchuria) area is likewise not known by the Communists. However, the area contains the natural conditions causing many diseases to be endemic and epidemic.

2. Endemic diseases of military significance in the NE China - Manchuria - Korea area are given below.

(The importance of each is indicated by the following)

(symbols:

(1 - Special Military Importance)

(2 - Potential Military Importance)

(a. Endemic Diseases)

(b. May be introduced)

(3 - Serious Diseases not of military importance)

(but likely to affect small numbers of troops)

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2. Diseases historically follow the movement of armies, happened and there is every reason to believe this ~~fact~~ in the the military case of/Chinese/movements into North Korea. Moreover, hygiene and sanitary conditions in the NKP and CCF have become progressively more propitious for disease outbreaks as the Korean conflict has continued. Exhausting forced marches and inadequate food and shelter have lowered the resistance of the troops. Dirty mess-gear has been commonplace. Lack of medical equipment and non-utilization of sanitation personnel, even in rear areas, reflect negligent preventive-medical practices. [redacted] The absence of an effective lousicide is another factor contributing to the generally primitive sanitary condition in the field (DDT is ineffective against certain types of Korean and Manchurian lice).

3. During 1951, cholera, smallpox, and typhus were reported to be widespread among North Korean and Chinese Communist troops. Typhus fever had a high incidence among enemy troops during the spring, but the rate fell sharply early in July. It was reported that in some areas of North Korea, 50% of all civilian communities contracted the disease, with a resulting 30% mortality. In March, 1951, there were reports that typhus, typhoid, and smallpox had affected a large proportion of civilians and North Korean troops in the Ch'umch'on area; the mortality rate was reported

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to be 50%. In April, 1951, the NKF and CCF disease victims were reported to equal battle casualties.

5. In November, 1951, GHQ, FECOM concluded that "lack of an effective lousicide, together with the apparent neglect of universal typhus immunizations and the high louse infestation of enemy troops will inevitably result in many cases of typhus". In March, 1952, [] stated that 30% of the 8th Corps, NKA, were bedridden with typhoid fever or typhus, with about 60% mortality.

6. There have been several recent reports of an unusual disease in both the NKF and the CCF. The disease is characterized by an acute onset with headache, chills, and fever; nosebleed, vomiting, and abdominal pains were reported in some instances. While there was no mention of conjunctival hemorrhage (or "red eye") in connection with these reports, a large percentage of PW's were found to be suffering from some form of conjunctivitis at the time of capture. No estimate of incidence of the malady in enemy troops can be obtained.

8. [] a smallpox-like disease epidemic in North Korea during November-December 1951; no confirming intelligence is available.

9. CCF Immunization. There is every indication that CCF troops have been more universally and more effectively immunized than is generally believed. Vaccines were plentiful in China and Manchuria prior to CCF intervention in 1950 and in Korea

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CONFIDENTIAL7. CCF Immunization.

*There are indications of extensive inoculation of CCF troops, although the degree of protection received is not known due to doubtful efficacy of immunization. Prior to CCF intervention in 1950, vaccines were plentiful in China and Manchuria, and were also available for revaccination of CCF troops in Korea during the spring of 1951 (except for tetanus toxoid). Vaccines were made in China and Manchuria at any ~~one~~ of a number of centers such as the Peking Central Epidemic Prevention Bureau and the Dairen Municipal Sanitation Center. Intelligence does not indicate use of Soviet or U.S. made vaccines by the CCF.

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b. Typhoid-Paratyphoid-Cholera: Combined vaccine.

Given in divided doses of 0.5cc, 1.0cc and 1.0cc at intervals of 1 week. Universal coverage in 1951 for ~~the~~ first dose, about 90% coverage for ~~the~~ second dose, and about 80% coverage for ~~the~~ third dose. Lack of full coverage for last two doses due to pressure of military operations.

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ILLEGIB

c. Tetanus: Given in divided doses of 0.5cc, 1.0cc and 1.0cc at intervals of 3 - 4 weeks. Universal coverage in 1951 for the first dose, about 40% coverage for the 2nd dose, ~~and~~ 15% for the 3rd dose. ~~The~~ Lack of full coverage for last

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due to pressure of military
two doses [redacted]
operations [redacted] and to a shortage of toxoid.

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9. NKA Immunization. The immunization program in the NKA was far less universal during the first half of 1951 than Intelligence does not indicate use of specific in the CCF. [redacted] inoculations for tetanus, cholera or Japanese B encephalitis. [redacted] It is estimated that 15 - 20% of troops received no immunization of any kind in 1951.

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- a. Smallpox: Vaccination ~~was~~ universal in 1950. Only about 1/3 of troops ~~was~~ revaccinated in 1951.
- b. Typhoid-Paratyphoid: Combined vaccine. Given twice yearly in divided doses of 0.5cc and 1.5cc with a one-week interval. About 90% coverage in early 1950 and about 30% coverage in 1951.
- c. Typhus: None in 1950. Given in two divided doses of 1.0cc each to approximately 60% of troops between February and May 1951.
- d. Typhoid-Paratyphoid-Typhus: Combined vaccine given in divided doses of 1.0cc each to approximately 60% of troops in 1951.
- e. "Nisin-Bektin": This is the phonetic pronunciation of a Russian_x combined vaccine [redacted] given to approximately 80% of NKA troops between March and

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May 1951. Inoculation of one dose results in fever of three or four days duration. No fatalities resulted. As far as can be ascertained, the vaccine contained immunizing agents against the following diseases: typhoid, cholera, probably paratyphoid A and B, and tetanus or dysentery. ~~The~~ Information concerning the use of this vaccine is reliable, but the list of diseases against which it is supposed to be effective is not. ~~reliable~~

9.

~~10x~~ From current reports it appears that both the Chinese and North Koreans have ordered (at least on paper) plague and cholera immunizations for civilians as well as for troops.

Anti-plague corps are said to be carrying out emergency decontamination and epidemic prevention work in ~~the~~ front-line positions and villages affected, / Epidemic prevention stations ^{reportedly} have been set up in germ-affected areas.

10. Military sanitation orders include the boiling of all drinking water, the burning of garbage and to the ^{setting up} ~~making~~ of latrines in specified areas. Insect and rodent control measures have also been instituted. It is emphasized that while these orders exist on paper, it is not known how ^{thoroughly} ~~adequately~~ they are ^{being} carried out.

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